

APPLICATION AND AFFIDAVIT FOR PUBLIC DEFENDER SERVICES

Circuit: _____ County: _____ Case Number: _____

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number where you can be reached: (____) _____ - _____ How old are you? _____ Date of Birth: ____/____/____

What are you charged with? _____

How much is your bond? _____ Did you post bond? _____ What type of bond? _____

Source of funds to secure bond: _____ What bond could you post? _____

Marital Status: (check one) _____ Married _____ Single _____ Separated _____ Widowed _____ Divorced

Number of children dependent on you? _____ Your spouse's name? _____

Your children's names and ages? _____

1. Do you understand that lying on this application constitutes a crime? _____ yes _____ no

2. Are you requesting that a public defender be provided as your lawyer? _____ yes _____ no

3. Do you have a job? _____ yes _____ no Who do you work for? _____

What do you do? _____ How much do you make? _____ per _____

How many hours do you work a week? _____ If you don't have a job, how long since you last worked? _____

4. Does your spouse have a job? _____ yes _____ no Where? _____ How much pay? _____ per _____

5. Are you a student? _____ yes _____ no If you are, who pays your tuition? _____

6. Do you have cash over \$50.00? _____ yes _____ no How much do you have? _____ Where is it? _____

7. Check all that you receive: _____ AFDC _____ Food Stamps _____ Welfare _____ Unemploy. Comp _____ Soc. Sec. _____ VA

How much do you receive: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

8. Do you have more than \$100 in a checking or savings account? _____ yes _____ no Where? _____

9. Do you own a car? _____ yes _____ no How many? _____ Year _____ Make/model _____

10. Do you own a house or land? _____ yes _____ no Where? _____ Value _____

11. Do you have anything else that is worth anything? _____ yes _____ no What? _____

12. Do you know where you can get any money to pay part or all of your lawyer's cost? _____ yes _____ no

13. Do you authorize the Public Defender to contact government agencies, credit bureaus, employers, banks, or financial institutions to verify your situation? _____ yes _____ no

14. Do you understand that, once your case is completed, fees will be charged (see the table on the next page)? _____ yes _____ no

15. Do you understand that, if it is determined you are able, you will be required to make deposits toward these fees? _____ yes _____ no

16. Are you less than 18 years old? _____ yes _____ no **If you are less than 18 years old, complete the rest of #16:**

Father's name: _____ Does he have a job? _____ yes _____ no Where? _____

Mother's name: _____ Does she have a job? _____ yes _____ no Where? _____

With whom do you live? _____ What is your relation to this person? _____

17. Have you ever been or are you being represented by any other lawyers? _____ yes _____ no

Who are they and when did they represent you? _____

18. You must date and sign this form and return it to the court or public defender.

****APPLICANT SIGNS HERE** _____ Date: _____

_____ appeared before me and swears that he/she signed this application/affidavit as his/her free act and deed and that the information on this application/affidavit is true.

Date _____ Defender/Witness Signature _____

FOR PUBLIC DEFENDER USE ONLY:

Date: _____ Charge: _____ Indigent: _____ Not Indigent: _____ Comment: _____

NOTICE

EVERY PERSON CHARGED OR UNDER SUSPICION OF COMMITTING A CRIME IS ENTITLED TO HAVE A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, WITHOUT SUBSTANTIAL FINANCIAL HARDSHIP TO YOU OR YOUR DEPENDENTS, THE STATE WILL PROVIDE A LAWYER FOR YOU, BUT YOU MUST MAKE THE REQUEST.

The State of Missouri will provide a lawyer for you, at your request, if you cannot afford to hire your own lawyer, in the following circumstances:

1. You are detained (being held) or charged with a felony, including appeals from a conviction in such a case;
2. You are detained (being held) or charged with a misdemeanor which will probably result in confinement in the county jail upon conviction, including appeals from conviction in such a case;
3. You are detained (being held) or charged with a violation of probation or parole;
4. If the federal constitution or the state constitution requires the appointment of counsel;
5. If you face a loss or deprivation of liberty and any law of this state requires the appointment of counsel.

IF YOU REQUEST A LAWYER TO BE APPOINTED FOR YOU, YOU MAY BE LIABLE TO THE STATE FOR THE COST OF THE SERVICES AND EXPENSES OF THE LAWYER WHO HANDLES YOUR CASE IF YOU ARE OR WILL BE ABLE TO PAY ALL OR ANY PART OF SUCH COSTS.

YOUR INCOME TAX REFUND MAY BE INTERCEPTED TO SATISFY THIS DEBT.

NOTICE OF INTENT TO FILE CLAIM FOR LEGAL SERVICES

At the time of the final disposition of the charge(s) pending against the above named defendant, the Public Defender will request that the Court enter a judgment against the above named defendant in favor of the State of Missouri for legal services rendered by Public Defender. The amount of judgment will be based upon the following fee schedule.

<u>Case Code & Type</u>	<u>Early Disposition</u>	<u>Plea or Hearing</u>	<u>Trial or Extended Matter</u>
10 Mur 1 Death (includes Appeal and PCR).....	400	2,000	10,000
15 Mur 1 NDeath	400	2,000	6,000
20 Other Homicide	200	1,000	4,000
30 Felony A-B	100	500	2,000
35 Felony C-D	50	300	1,000
40 Misdemeanor	50	100	400
45 Misd Traffic	50	100	400
50 Juvenile Stat	50	100	200
52 Juvenile Crim	50	100	200
54 PCR 24	50	200	500
59 PCR 29	50	1,000	2,000
65 Prob Violation/Other	50	100	200

** Additional identifiable case-related expenses as incurred